



MAY 28 2004 2:58PM

PABST PATENT GROUP

NO. 0257 P. 6

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	ICI 104
	<b>First Named Inventor</b>	Michael Hensel
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 763,620
	<b>Filing Date</b>	March 2, 2001
	<b>Group Art Unit</b>	1645
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		Khatol Shahnan-Shah

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ATTENUATED SALMONELLA SP12 MUTANTS AS ANTIGEN CARRIERS**

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/02/2001

as United States Application Number or PCT International

Application Number 09/763,620 and was amended on (MM/DD/YYYY) 04/21/2003

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
PCT/EP99/06514 98116827.1	PCT EP	09/03/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		09/04/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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ICI 104

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NO. 0257 P. 7

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ERIC POTTER CLARKSON

PATREA PABST

005/007

Received at: 11h 31m, 5/2/2004

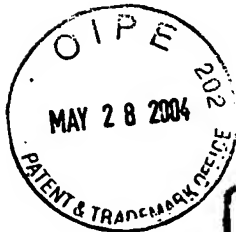
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INST. KLIN. MIKROBIO

No. 1379 P. 4

03

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Patrea L. Pabst</b>			
Address <b>Holland &amp; Knight LLP</b>			
Address <b>Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.</b>			
City <b>Atlanta</b>	State <b>GA</b>	ZIP <b>30309-3400</b>	
Country <b>USA</b>	Telephone <b>(404) 817-8473</b>	Fax <b>(404) 817-8588</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Michael</b>		Family Name (last name) <b>Hensel</b>	
Inventor's Signature <i>[Signature]</i>		Date <b>3. Feb. 2004</b>	
Residence: City <b>Erlangen</b>	State	Country <b>Germany</b>	Citizenship <b>DE</b>
Mailing Address <b>The Institute for Clinical Microbiology, Immunology and Hygiene</b>			
Mailing Address <b>University Erlangen-Nürnberg, Wasserturmstrasse 3/5</b>			
City <b>Erlangen</b>	State	ZIP <b>D-91054</b>	Country <b>Germany</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>David William</b>		Family Name (last name) <b>Holden</b>	
Inventor's Signature		Date	
Residence: City <b>London</b>	State	Country <b>United Kingdom</b>	Citizenship <b>GB</b>
Mailing Address <b>Department of Infectious Disease, Imperial College of Science, Technology and Medicine</b>			
Mailing Address <b>The Flowers Building, Armstrong Road</b>			
City <b>London</b>	State	ZIP <b>SW72AZ</b>	Country <b>United Kingdom</b>
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/US 02A attached hereto.			

(Page 2 of 2)

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 ICOW/P2000002

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> Correspondence address below
Name <b>Patrea L. Pabst</b>					
Address <b>Holland &amp; Knight LLP</b>					
Address <b>Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.</b>					
City	<b>Atlanta</b>	State	<b>GA</b>	ZIP	<b>30309-3400</b>
Country	<b>USA</b>	Telephone	<b>(404) 817-8473</b>	Fax	<b>(404) 817-8588</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
<b>Michael</b>		<b>Hensel</b>			
Inventor's Signature					Date
Residence: City	<b>Erlangen</b>	State	<b>Germany</b>	Country	<b>DE</b>
Mailing Address <b>The Institute for Clinical Microbiology, Immunology and Hygiene</b>					
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City	<b>Erlangen</b>	State	<b>D-91054</b>	Country	<b>Germany</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
<b>David William</b>		<b>Holden</b>			
Inventor's Signature					Date
<i>David William Holden</i>					<b>6/1/04</b>
Residence: City	<b>London</b>	State	<b>United Kingdom</b>	Country	<b>GB</b>
Mailing Address <b>Department of Infectious Disease, Imperial College of Science, Technology and Medicine</b>					
Mailing Address <b>The Flowers Building, Armstrong Road</b>					
City	<b>London</b>	State	<b>SW72AZ</b>	Country	<b>United Kingdom</b>
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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ICI 104  
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MAY 28 2004 2:59PM  
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PABST PATENT GROUP  
HOLLAND & AMERICA

NO. 0257 P. 9  
NO. 0100 P. 0/0



U.S.S.N. 09/763,620

Filed: March 2, 2001

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jacqueline Elizabeth		Shea	
Inventor's Signature <i>Jacqueline Shea</i>		Date <i>29/12/03</i>	
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Residence: State		Country	Citizenship
GB			
Mailing Address			
Microscience Limited			
Mailing Address			
545 Eskdale Road, Winnersh Triangle			
City	Wokingham	State	Berkshire
ZIP	RG 41 5TU	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Residence: State		Country	Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Residence: State		Country	Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP
Country			

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